PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

08/18/2006 TKAYPAGH 00000033 10589329

01 FC:2631   150.00 OP
02 FC:2632   250.00 OP
03 FC:2633   100.00 OP
04 FC:2615   50.00 OP

01 FC:2632   -250.00 OP

Repin. Ret: 04/16/2007 HPERSON 0008145200
DHR:032468   Name/Number:10589329
FC: 9204 $50.00 CR

PTO-1556
(5/87) 04/16/2007 HPERSON 00000002 10589329

01 FC:2642   200.00 OP

U.S. Government Printing Office: 2002 — 489-267/69033

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

Application or Docket Number 10/589329

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = $ 150	LARGE ENT. = $ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = $ 50 / $ 100	All other situations = $ 100 / $ 200
SEARCH FEE	U.S. is ISA = $ 50 / $ 100 ALL other countries = $ 200 / $ 400	ALL other situations = $ 250 / $ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	22 minus 20 =	* 2
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
BASIC FEE		150ᵃ	OR BASIC FEE		
EXAM. FEE		100ᵃ	EXAM. FEE		
SEARCH FEE		200ᵃ	SEARCH FEE		
	X $ 125 =			X $ 250 =	
	X $ 25 =	50ᵃ	OR	X $ 50 =	
	X $ 100 =		OR	X $ 200 =	
	+ $ 180 =		OR	+ $ 360 =	
	TOTAL	500ᵃ	OR TOTAL		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X $ 25 =		OR	X $ 50 =	
X $ 100 =		OR	X $ 200 =	
+ $ 180 =		OR	+ $ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".
   The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.